Part-Time Local 587 Plan 1 2003 New Hire Guide

King County
Benefits Operations

Welcome to King County!

This is your guide to self-paid Part-Time Local 587 Plan 1 benefits for the 2003 plan year. Please review the information and, if you decide to enroll, return your enrollment forms **within 30 days of your hire date** to:

King County Benefits Operations
Exchange Building EXC-ES-0300
821 Second Avenue
Seattle WA 98104-1598

If you don't return your enrollment forms within 30 days of your hire date, you won't be able to enroll again until the next open enrollment or you lose other health coverage you have now.

This guide is not a complete description of each plan. More details about each benefit are in plan booklets available at www.metrokc.gov/ohrm/benefits or by request from Benefits Operations. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts govern in the case of any discrepancy. The benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

Overview of Plan 1, 2 and 3

There are three benefit plans available to part-time Local 587 employees. The following information is provided to help you understand the basics of each plan and how they work together. You're provided enrollment materials for each plan as you become eligible. Contact your base chief if you have questions regarding your eligibility.

► Plan 1

You become eligible for Plan 1 the first of the month following your hire date, as determined by your department. If your hire date is the first of the month, you become eligible the same day.

Under Plan 1 you may purchase medical, dental and vision coverage for yourself and family members, plus basic life insurance ($20,000) for yourself.

► Plan 2

You become eligible for Plan 2 when you receive 338 paid hours in either of two four-month periods:

- November 1-February 28/29 (Plan 2 benefits begin May 1)
- March 1-June 30 (Plan 2 benefits begin September 1).

Plan 2 benefits extend through the end of the calendar year. They continue through the end of the following calendar year if you:

- Receive an average of 39 hours or more per pay period in the 26 consecutive pay periods that end with the pay period including July 31 (you must have been employed as a part-time Local 587 employee for at least the most recent six complete pay periods to qualify for this review) or
- Pick assignments averaging four hours or more for the February, June and September shake-ups (you must have picked assignments for all three shake-ups to qualify for this review).

Under Plan 2, you receive county-paid medical, dental and vision coverage for you and the eligible family members you enroll, plus basic life, accidental death and dismemberment (AD&D), and long term disability (LTD) insurance for you. When you first enroll under Plan 2, you may also purchase additional enhanced life and AD&D for yourself and family members, plus enhanced LTD for yourself.

► Plan 3

When you lose eligibility for Plan 2, you become eligible for Plan 3.

Under Plan 3 you continue to receive the same county-paid basic life, AD&D and LTD coverage you had under Plan 2 and may continue to purchase enhanced life, AD&D and LTD coverage. If you choose to continue medical, dental and vision coverage for yourself and family members, you pay for the coverage. The rates are the same as Plan 1 coverage.

Seven key points

1. You may purchase medical, dental, vision and $20,000 basic life insurance for yourself. King County pays a portion of your medical, dental and vision premiums, but you pay the full cost of the basic life. If you elect medical, dental and vision coverage for yourself, you may cover eligible family members under the same plans. You pay the full cost of family coverage.

   - You may elect any combination of medical, dental and vision coverage with one exception: you must purchase medical to purchase dental; you can't purchase dental by itself.
   - If you don't elect basic life insurance when you first enroll, or drop it later, you may not add it again.

2. If you don't return enrollment forms to Benefits Operations **within 30 days of your hire date** to Benefits Operations, you won't be able to enroll for Plan 1 benefits again until the next open enrollment or you lose other health coverage you have now (through a family member or other employer; if other coverage is COBRA, it must be exhausted).

3. If you enroll for Plan 1 benefits, coverage begins the first of the month following your hire date, as determined by your department. If your hire date is the first of the month, your coverage begins the same day. It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental or vision). If you don't receive your card within 30 days, contact the insurance carrier. If you have difficulty getting services, contact Benefits Operations.

4. Open enrollment every October lets you change coverage effective the following January. During open enrollment you may:

   - Elect coverage you've previously declined or dropped (with the exception of basic life insurance)
   - Change medical plans
   - Add eligible family members not previously covered.

5. You may make certain changes to your benefit coverage between open enrollments. Generally, you must notify Benefits operations within 30 days of the event prompting the change. Change forms are available at www.metrokc.gov/ohrm/benefits and give specific deadlines. Between open enrollments you may:

   - Opt back in for coverage if you lose other health coverage (see 2 above)
   - Drop coverage or family members from coverage with appropriate documentation if you pay your premiums after-tax (if you pay your premiums before-tax, you may only drop coverage due to a qualifying change)
   - Add eligible family members for coverage if you have a qualifying event. For example:
     - Birth or placement for adoption of a child
     - Placement of a foster child
     - Marriage or establishment of a domestic partnership
     - Qualified Medical Child Support Order
     - Significant change in your spouse/domestic partner's coverage through his/her employment
   - Request continuation of coverage for a child currently enrolled in county benefits past age 23 if the child is chiefly dependent on you for support and maintenance and becomes incapacitated due to a developmental or physical disability before turning 23.

6. To keep costs down, all plan information and booklets are posted at www.metrokc.gov/ohrm/benefits, but hard copies will be mailed to you if you make the request on your Plan 1 Benefits Enrollment Form.

7. Questions? Call 206-684-1556, e-mail kc.benefits@metrokc.gov or visit www.metrokc.gov/ohrm/benefits!

Benefits to consider

If you decide to enroll for Plan 1 benefits, you must submit your enrollment forms (pages 17-20) to Benefits Operations within 30 days of your hire date.

► Medical

You may choose from three plan options. The option you select is also the option your family members receive if you cover them, too.

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Provider choice	You may choose any provider, but you receive higher coverage when you use Aetna network providers Reimbursement for non-network services is based on the usual, customary and reasonable (UCR) rates for each benefit; you pay more if a non-network provider charges more than the UCR rate	You may choose any provider, but you receive higher coverage when you use Aetna network providers Reimbursement for non-network services is based on the usual, customary and reasonable (UCR) rates for each benefit; you pay more if a non-network provider charges more than the UCR rate	You must choose a Group Health primary care physician (PCP) who provides and coordinates all services through the Group Health network; no non-network coverage unless indicated
Annual deductible	$500 per person/$1,500 per family	$100 per person/$300 per family	None
Annual out-of-pocket maximum	$1,200 per person/$2,400 per family for network care $2,000 per person/$4,000 per family for non-network care	$800 per person/$1,600 per family for network care $1,600 per person/$3,200 per family for non-network care	$1,000 per person/$2,000 per family for network care and limited emergency/out-of-area non-network care
Lifetime maximum	$2,000,000	$2,000,000	No limit
Alternative care	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit for specific services (referral required)
Ambulance services	80%	90%	80%
Chemical dependency treatment	80% network 60% non-network $11,285 maximum in 24 months	100% network 70% non-network $11,285 maximum in 24 months	100% for inpatient care 100% after $20 copay/visit for outpatient care $11,285 maximum in 24 months
Chiropractic care and manipulative therapy Like all services, must be medically necessary	80% network 60% non-network Up to 33 visits/year, limited to diagnosis and treatment of musculoskeletal disorders	90% network 70% non-network Up to 33 visits/year, limited to diagnosis and treatment of musculoskeletal disorders	100% after $20 copay/visit
Circumcision	80% network 60% non-network	90% network 70% non-network	100%

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Diabetes care training	80% network when prescribed by your physician 60% non-network when prescribed by your physician	90% network when prescribed by your physician 70% non-network when prescribed by your physician	100%
Diabetes supplies Insulin, needles, syringes, lancets, etc.	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	80% when preauthorized	80%
Emergency care while traveling	Emergency care covered at network levels whether you see a network or non-network provider	Emergency care covered at network levels whether you see a network or non-network provider	Emergency care covered at network levels whether you see a network or non-network provider
Emergency room care	80% after $50 copay/visit (waived if admitted) 60% after $50 copay/visit for non-emergency, non-network care	90% after $50 copay/visit (waived if admitted) 70% after $50 copay/visit for non-emergency, non-network care	100% after $75 copay/visit to network facility (waived if admitted) 100% after $125 copay/visit to non-network facility Non-emergency care not covered
Family planning	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit
Growth hormones	Covered under prescription drugs when preauthorized	Covered under prescription drugs when preauthorized	Covered under prescription drugs if medical coverage has been continuous for more than 12 months under this plan
Hearing aids	100% up to $500 in 36 months for combined network and non-network services; deductible does not apply	100% up to $500 in 36 months for combined network and non-network services; deductible does not apply	100% up to $300/ear in 36 months
Home health care	100% up to 130 visits/year for combined network and non-network services	100% up to 130 visits/year for combined network and non-network services	100%
Hospice care	100% when preauthorized; 6-month lifetime maximum; 120-hour maximum for respite care in 3 months	100% when preauthorized; 6-month lifetime maximum; 120-hour maximum for respite care in 3 months	100% 1 period of continuous home care of 4 or more hours per day up to 5 days or 72 hours, whichever occurs first; continuous respite care for up to 5 days in each 3 months of hospice care
Hospital care	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% after $200 copay/admission

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Infertility	80% network 60% non-network Limited to specific services and $25,000 lifetime maximum	90% network 70% non-network Limited to specific services and $25,000 lifetime maximum	Not covered
Inpatient care alternatives	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100%
Lab, x-rays and other diagnostic testing	80% network 60% non-network	90% network 70% non-network	100%
Massage therapy Like all services, must be medically necessary	80% network 60% non-network Must be prescribed by physician; Aetna reviews after 20 visits	90% network 70% non-network Must be prescribed by physician; Aetna reviews after 20 visits	100% after $20 copay/visit with PCP referral
Maternity care	80% network 60% non-network	90% network 70% non-network	100% for delivery and related hospital care after $200 copay/admission 100% after $20 copay/visit for prenatal and postpartum care
Mental health care – inpatient	80% network 60% non-network Up to 30 days/year	90% network 70% non-network Up to 30 days/year	80% up to 12 days/year
Mental health care – outpatient	50% up to 52 visits/year When deemed appropriate, unused visits may be traded for unused inpatient days	50% up to 52 visits/year When deemed appropriate, unused visits may be traded for unused inpatient days	100% after $20 copay/individual, family or couple visit 100% after $10 copay/group session Up to 20 visits/year
Neurodevelopmental therapy for family members age 6 and under	80% network when preauthorized 60% non-network when preauthorized $2,000/year maximum for combined network and non-network services	90% network when preauthorized 70% non-network when preauthorized $2,000/year maximum for combined network and non-network services	100% for inpatient services after $200 copay/admission 100% after $20 copay/visit for outpatient Up to 60 visits/year for each condition
Out-of-area coverage for your children away at school	Same coverage as home, through Aetna national provider network	Same coverage as home, through Aetna national provider network	In southwest Washington and northern Oregon care available through associated HMOs; in all other areas only emergency care covered
Physician and other medical and surgical services	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit
Phenylketonuria (PKU) formula	80% network 60% non-network	90% network 70% non-network	100%

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Prescription drugs – up to 30-day supply through network pharmacies KingCare members use a separate prescription card from AdvancePCS to fill prescriptions through AdvancePCS network pharmacies (AdvancePCS is not affiliated with Aetna); Group Health members use Group Health medical card to fill prescriptions through Group Health network pharmacies	100% after $10 copay for generic 100% after $15 copay for preferred brand ($20 if generic available) 100% after $25 copay for non-preferred brand ($30 if generic available) Prescriptions filled at non-network pharmacies reimbursed at network pharmacy rate	100% after $10 copay for generic 100% after $15 copay for preferred brand ($20 if generic available) 100% after $25 copay for non-preferred brand ($30 if generic available) Prescriptions filled at non-network pharmacies reimbursed at network pharmacy rate	100% after $10 copay for generic 100% after $20 copay for preferred brand 100% after $30 copay for non-preferred brand No reimbursement for prescriptions filled at non-network pharmacies
Prescription drugs – up to 90-day supply through mail order KingCare members use a separate prescription card from AdvancePCS to fill prescriptions through AdvancePCS mail order (AdvancePCS is not affiliated with Aetna); Group Health members use Group Health medical card to fill prescriptions through Group Health mail order	100% after $20 copay for generic 100% after $30 copay for preferred brand ($40 if generic available) 100% after $50 copay for non-preferred brand ($60 if generic available)	100% after $20 copay for generic 100% after $30 copay for preferred brand ($40 if generic available) 100% after $50 copay for non-preferred brand ($60 if generic available)	100% after $20 copay for generic 100% after $40 copay for preferred brand 100% after $60 copay for non-preferred brand
Preventive care Well-child check-ups, immunizations, routine health and hearing exams, etc.	Deductible does not apply 100% network 60% non-network	Deductible does not apply 100% network 70% non-network	100% (according to well-child/adult preventive care schedule)
Radiation therapy, chemotherapy and respiratory therapy	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit
Reconstructive services Includes benefits for mastectomy-related services – reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedema; call plans for more information	80% network 60% non-network	90% network 70% non-network	100%
Rehabilitative services	80% network 60% non-network	90% network 70% non-network	100% for inpatient services after $200 copay/admission 100% after $20 copay/visit for outpatient services Up to 60 visits/year for each condition
Skilled nursing facility	80% network 60% non-network	90% network 70% non-network	100% when preauthorized

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Smoking cessation – sessions	80% network 60% non-network $500 lifetime maximum sessions and nicotine replacement combined	90% network 70% non-network $500 lifetime maximum sessions and nicotine replacement combined	100% for 1 Group Health network provider program/year
Smoking cessation – nicotine replacement	If prescribed and full course of treatment completed	If prescribed and full course of treatment completed	100% or $10 copay (whichever is less) for 30-day supply
Temporomandibular joint (TMJ) disorders	80% network 60% non-network Up to $2,000/year	90% network 70% non-network Up to $2,000/year	100% for inpatient care after $200 copay/admission 100% after $20 copay/visit for outpatient care Up to $1,000/year and a $5,000 lifetime maximum
Transplants	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% after applicable copays Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or an emergency
Urgent care Ear infections, high fevers, minor burns, etc.	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit

► Monthly cost of medical

In this table and on your enrollment forms, Sp = Spouse, DP = Domestic Partner and Ch = Children. 2002 rates are shown with 2003 rates so you can see how costs compare year to year.

Health Plan	You Only	You + Sp/DP	You + Ch	All
KingCare (Aetna) Basic				
2002 ($195.48 paid by county)	$ 72.00	$ 339.48	$ 285.98	$ 553.46
2003 ($ 229.99 paid by county)	$ 45.32	$ 320.63	$ 265.56	$ 540.87
KingCare (Aetna) Preferred				
2002 ($195.48 paid by county)	$119.20	$ 433.88	$ 370.94	$ 685.62
2003 ($229.99 paid by county)	$ 99.21	$ 428.41	$ 362.56	$ 691.76
Group Health				
2002 ($195.48 paid by county for VM/GH Alliant)	$ 52.93	$ 301.39	$ 251.66	$ 500.06
2003 ($229.99 paid by county for Group Health)	$ 57.50	$ 345.04	$ 287.49	$ 574.96

► Dental

You must elect medical coverage to elect dental coverage; you cannot elect dental by itself. Dental coverage is provided by Washington Dental Service.

Washington Dental Service increases your payment levels through an incentive program when you regularly see your dentist. For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year). For major restorative services the payment level increases from 70% to 80%, then to 85%. If you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%.

Major prosthodontic services, orthodontia, TMJ treatment and night guards are not under the incentive program; see the table below for coverage levels.

Washington Dental Service	
Annual deductible (doesn't apply to diagnostic and preventive services, orthodontic services and dental accidents)	$25/person, $75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	$2,000/person
Covered Expenses	**Plan Pays**
Diagnostic and preventive services (for example, exams, cleanings, x-rays)	70% - 100% (deductible doesn't apply) Based on patient's incentive level; see dental booklet for details
Basic services (for example, fillings, periodontics, extractions, root canals)	70% - 100% Based on patient's incentive level; see dental booklet for details
Major services - restorative (for example, crowns, onlays)	70% - 85% Based on patient's incentive level; see dental booklet for details
Major services - prosthodontics (for example, dentures, implants, fixed bridges)	70%
Orthodontic services for adults and children	50% up to a $2,500 lifetime maximum (deductible doesn't apply; this benefit doesn't apply to the annual maximum benefit)
Temporomandibular joint disorder (TMJ)	50% up to a $500 lifetime maximum for non-surgical treatment and appliances (this benefit doesn't apply to the annual maximum benefit)
Night guards	50%

► Monthly cost of dental

In this table and on your enrollment forms, Sp = Spouse, DP = Domestic Partner and Ch = Children. 2002 rates are shown with 2003 rates so you can see how costs compare year to year.

Washington Dental Service	You Only	You + Sp/D	You + Ch	All
2002 ($27.20 paid by county)	$ 27.19	$ 81.58	$ 70.70	$125.09
2003 ($29.01 paid by county)	$ 29.00	$ 87.01	$ 75.41	$133.42

► Vision

Vision coverage is provided by Vision Service Plan.

Vision Service Plan		
Covered Expenses	**If you see a VSP provider you pay a $10 copay and the plan pays …**	**If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts minus the $10 copay …**
Exams (once every 12 months)	100%	Up to $40
Lenses (1 pair every 12 months)		
Single vision	100%	Up to $40
Bifocal	100%	Up to $60
Trifocal	100%	Up to $80
Lenticular	100%	Up to $125
Progressive	100%	Up to $5 for upgrade to progressive, tints and coating combined
Tints	100%	
Coatings	100%	
Frames (once every 24 months)	100% up to $130	Up to $45
Contacts (1 pair every 12 months in place of eyeglass lenses and frames)		
Elective	100%, up to $105	Up to $105
Medically necessary	100%	Up to $210

► Monthly cost of vision

In this table and on your enrollment forms, Sp = Spouse, DP = Domestic Partner and Ch = Children. 2002 rates are shown with 2003 rates so you can see how costs compare year to year.

Vision Service Plan	You Only	You + Sp/D	You + Ch	All
2002 ($4.31 paid by county)	$ 4.30	$12.91	$11.19	$19.80
2003 ($4.51 paid by county)	$ 4.50	$13.51	$11.70	$20.71

► Family members

To cover family members, list them on the Family Member Enrollment Form (page 19) and they'll receive the same coverage you indicate on the Plan 1 Benefits Enrollment Form (page 17).

You may cover these family members if you enroll them:

- Your spouse/domestic partner (attach copy of marriage certificate or complete the Affidavit of Marriage/Domestic Partnership, page 20)
- Unmarried children of you or your spouse/domestic partner who are:
  - Under age 23 and chiefly dependent on you for support and maintenance (generally, that means you claim them on your federal tax return); a child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption (attach appropriate documentation)
  - Named in a Qualified Medical Child Support Order as defined under federal law and authorized by plan (attach copy of QMCSO).

You may also add family members for medical, dental and vision coverage between open enrollments when certain qualifying changes in family status occur. If you have the coverage yourself, you may add your:

- Spouse or domestic partner if you marry or establish a new domestic partnership, or there is a significant change in your spouse's or domestic partner's employer-sponsored coverage
- Child when he/she is your first eligible child.

You may drop family members from coverage between open enrollments according to the premium payment plan option you elect (see page 13).

► Basic life insurance for you

You may elect $20,000 basic life insurance (with no evidence of insurability), but this is the last time; you may enroll for basic life only when you are first eligible for Plan 1 benefits.

If you elect basic life and die for any reason, the beneficiaries you designate receive $20,000. However, if you happen to be ill or injured and away from work on your benefit eligibility date, the coverage does not become effective until the date you return to your regular part-time work assignment for one full day.

Effective January 1, life insurance becomes portable. If you terminate employment with the county (but not if you retire or leave employment due to a disability), you may continue to pay the insurance company directly for the basic coverage you had on your last day of employment until you reach age 75. The age-specific rates you pay for continued coverage may be different from the rates paid by active employees.

► Monthly cost of basic life insurance

Rates are based on your age. They are lower in 2003 than in 2002.

	Cost of $20,000 Basic Life	
Your Age	**2002**	**2003**
Under 25	$ 1.00	$ .94
25-29	$ 1.20	$ 1.12
30-34	$ 1.60	$ 1.50
35-39	$ 1.60	$ 1.50
40-44	$ 2.00	$ 1.88
45-49	$ 3.20	$ 3.00
50-54	$ 4.80	$ 4.50
55-59	$ 8.60	$ 8.06
60-64	$ 13.20	$ 12.36
65-69	$ 25.40	$ 21.26
70+	$ 41.20	$ 34.48

► Premium Payment Plan

If you enroll under Plan 1, the monthly cost of benefits is divided in half and deducted from your two regular monthly paychecks. (When there are three paychecks in a month, no deductions are taken from the last one.) You may have the deductions taken before or after federal income and Social Security taxes are withheld.

If you have deductions taken **before-tax**, this reduces your taxes. However, IRS restrictions apply:

- Any portion you pay to provide coverage to a domestic partner (DP) or DP's children is deducted after-tax
- You may not drop any coverage until the next open enrollment unless due to a qualifying change in status:
  - Death of a family member
  - Divorce or dissolution of a domestic partnership
  - Significant change in your spouse's or domestic partner's coverage due to his/her employment
- You must re-enroll for before-tax every year during open enrollment or you default to the after-tax plan.

If you pay premiums **after-tax**, you do not reduce your taxes, but may drop coverage for yourself or a family member anytime.

► Insurance Beneficiaries

If you elect $20,000 basic life insurance, list the individuals who you want to receive your life benefit in the event of your death on your Beneficiary Designation Form (page 18).

You can designate primary and contingent beneficiaries. If your primary beneficiaries are not alive at the time of your death your contingent beneficiaries receive your benefit. If you name multiple beneficiaries in either category (primary or contingent) their shares must add up to 100%.

If you're married and you do not choose to list your spouse as your only primary beneficiary, your spouse must sign the Spouse Waiver section of the form.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you do not pay federal or FICA (Social Security) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).

Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Because of the tax advantages available to you, the IRS limits how you can use FSAs and how much you can contribute:

- Under the county plan, the maximum that can be contributed to King County's Health Care FSA is $6,000 per year. The maximum that can be contributed to a Dependent Care FSA is $5,000 per year if married filing a joint return or head of household; $2,500 if married filing separately. The minimum that can be contributed to either FSA is $300 per year.
- Health Care and Dependent Care FSAs are separate. The money you allocate for one cannot be used for the other and you cannot transfer dollars between accounts.
- Expenses for certain eligible services incurred during the calendar year are reimbursed from an FSA. You have until March 31 of the following year to file reimbursement requests.
- You must use FSA money or you lose it. Any money left in an FSA that cannot be reimbursed is forfeited, so it's important to estimate annual expenses carefully before enrolling and set aside only as much as you expect to spend.
- You cannot use a Health Care FSA to pay expenses you claim as health care deductions on your income tax return.
- Each dollar of dependent care expenses reimbursed through a Dependent Care FSA reduces the amount you can apply toward the federal Dependent Care Tax Credit.
- FSA contributions may affect Social Security benefits. Because you and the county don’t pay Social Security (FICA) taxes on the money you contribute, your future Social Security benefits may be reduced slightly.

If you decide to participate in the FSA program, you must enroll **within 30 days of when your other benefits begin**. Otherwise, you must wait for a qualifying event or the next open enrollment (you must reenroll each year at open enrollment to continue participating in FSAs).

For a Flexible Spending Accounts guide with additional details and enrollment forms, go to www.metrokc.gov/ohrm/benefits or contact Benefits Operations.

For additional information

For Questions About …	Contact ...
Plan 1, Plan 2 and Plan 3 Eligibility	**Your Base Chief**
General Benefits Open enrollment and making changes Flexible spending account enrollment Life, accidental death and dismemberment and long term disability insurance plan details Alternate formats	**Benefits Operations** Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598 Phone 206-684-1556 ▪ 1-800-325-6165 x41556 ▪ 711 TTY Relay Service Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
Medical Identification cards Providers (doctors, hospitals, etc.) Filing claims Other plan details (covered expenses, limitations, exclusions, preauthorization)	**KingCare (Aetna)** PO Box 14089, Lexington KY 40512-4089 Phone 1-800-654-3250 ▪ 711 TTY Relay Service E-mail kingcare@aetna.com Web www.kingcare.com **Group Health Cooperative** PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ▪ 1-888-901-4636 ▪ 711 TTY Relay Service E-mail info@ghc.org Web www.ghc.org
Prescriptions Identification cards (KingCare members only; Group Health members use medical plan card for prescriptions) Pharmacies Mail order service Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand)	**AdvancePCS (separate service for KingCare members)** PO Box 853901, Richardson, TX 75085-3901 Phone 1-800-552-8159 ▪ 711 TTY Relay Service Web http://kingcounty.advancerx.com (e-mail by selecting Contact Us) **Group Health Cooperative** PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ▪ 1-888-901-4636 ▪ 711 TTY Relay Service E-mail info@ghc.org Web www.ghc.org
Dental Providers Filing claims Other plan details	**Washington Dental Service** PO Box 75688, Seattle WA 98125-0688 Phone 206-522-2300 ▪ 1-800-554-1907 ▪ 711 TTY Relay Service E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Vision Providers Filing claims Other plan details	**Vision Service Plan** PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ▪ 711 TTY Relay Service Web www.vsp.com (e-mail through the Web site)
Flexible Spending Accounts Account balances Reimbursement Other plan details	**Associated Administrators Inc.** PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 ▪ 1-800-428-4833 TDD Fax 1-800-979-8987 E-mail flex@aai-tpa.com Web www.aai-pca.com

Plan 1 Benefits Enrollment Form

Return **within 30 days of your hire date** to Benefits Operations,
Exchange Bldg EXC-ES-0300, 821 Second Ave., Seattle 98104-1598.
Attach other forms as needed.

King County
Benefits Operations

Effective Date (Office Use Only)

Last Name _____ First _____ MI _____

Soc Sec No _____ Pay ID No _____

Birth Date _____ Gender ☐ M ☐ F Home Phone (_____)_____

Street Address _____ Apt No _____

City _____ State_____ ZIP _____

Home E-Mail _____ Work Phone (_____)_____

Transit Base/Mail Stop _____ Work Start Date _____

Washington State Retirement System
☐ I have never been enrolled before
☐ I was previously enrolled in (plan) _____
☐ I was previously enrolled and retired from (plan) _____

If you cover family members under any plan, list them on the Family Member Enrollment Form (page 19).
Sp = spouse, DP = domestic partner

► **Medical** *See pages 4-8.*

☐ I decline medical coverage	Me Only	Sp/DP & Me	Child(ren) & Me	Sp/DP, Child(ren) & Me
I elect KingCare (Aetna) Basic for	☐	☐	☐	☐
I elect KingCare (Aetna Preferred for	☐	☐	☐	☐
I elect Group Health for	☐	☐	☐	☐

► **Dental** *You must elect medical to elect dental. See page 9.*

☐ I decline dental coverage	Me Only	Sp/DP & Me	Child(ren) & Me	Sp/DP, Child(ren) & Me
I elect Washington Dental Service for	☐	☐	☐	☐

► **Vision** *See page 10.*

☐ I decline vision coverage	Me Only	Sp/DP & Me	Child(ren) & Me	Sp/DP, Child(ren) & Me
I elect Vision Service Plan for	☐	☐	☐	☐

► **$20,000 Basic Life Insurance** *See page 12. Designate your beneficiaries on page 18.*

☐ I decline basic $20,000 life insurance for me
☐ I elect basic $20,000 life insurance for me

► **Premium Payment Plan** *See page 13.*

☐ Before-Tax: *Deduct my Plan 1 premiums from my regular paycheck before taxes have been deducted. I understand that by choosing this option I may not drop any coverage until the next open enrollment except when certain qualifying changes in family status occur, and any portion of the premiums I pay to cover a domestic partner or domestic partner's children generally must be deducted after taxes, per IRS regulations.*

☐ After-Tax: *Deduct my Plan 1 premiums from my regular paycheck after taxes have been deducted.*

► **Authorization**

This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee Signature _____ **Date Signed** _____

Office Use Only: Received _____ Reviewed _____ Data Entered _____ Audited _____

Beneficiary Designation Form

King County
Benefits Operations

- Designate your beneficiaries as primary or contingent. Contingent beneficiaries receive benefits if all your primary beneficiaries are not alive at the time of your death. If you don't designate primary or contingent, all beneficiaries listed are primary.
- Assign the percentage of your benefit you would like each beneficiary to receive. Percentages for all primary beneficiaries must total 100% and percentages for all contingent beneficiaries must total 100%. If you don't assign percentages, beneficiaries receive equal shares of your benefit.
- Copy and attach additional sheets as needed.

► Life Insurance Beneficiaries

	Name	Relationship	Soc Sec No	Birth Date	Contact Phone	Primary	Contingent	%
1.						☐	☐	
2.						☐	☐	
3.						☐	☐	
4.						☐	☐	
5.						☐	☐	
6.						☐	☐	
7.						☐	☐	
8.						☐	☐	
9.						☐	☐	

► Spouse Waiver

I am the spouse of the employee who signed this form. As such, I understand that upon the death of my spouse, I may be entitled to receive a plan benefit. I understand that by signing this statement, I hereby consent to the designation of primary beneficiary(ies) above other than/in addition to myself and thereby waive my right to full payment upon the death of my spouse.

Spouse Signature _____ **Date Signed** _____

Printed Name _____

► Employee Authorization

By signing and dating this form, I designate the above as my beneficiary(ies). I understand that if a minor (person not of legal age) or my estate is the beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This may mean legal expenses for beneficiary(ies) and possible delay in payment to them.

Employee Signature _____ **Date Signed** _____

Social Security No _____

Family Member Enrollment Form

King County
Benefits Operations

- List eligible family members for coverage and provide all information for each family member. Please print.
- If you're covering a spouse or domestic partner complete the Affidavit of Marriage/Domestic Partnership, too.
- Copy and attach additional sheets if needed.

☐ Check this box if your spouse or domestic partner is also a King County employee

1. Name _____ Relationship _____
   Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

2. Name _____ Relationship _____
   Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

3. Name _____ Relationship _____
   Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

4. Name _____ Relationship _____
   Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

5. Name _____ Relationship _____
   Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

6. Name _____ Relationship _____
   Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

7. Name _____ Relationship _____
   Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

8. Name _____ Relationship _____
   Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

9. Name _____ Relationship _____
   Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____

► **Employee Authorization**

This form supersedes all previously submitted forms. I have read and understand it and the additional materials describing benefit eligible family members. The information I have provided is true, correct and complete.

Employee Signature _____ **Date Signed** _____

Social Security No _____

Affidavit of Marriage/Domestic Partnership

King County
Benefits Operations

► **Check all boxes that apply**

☐ Add my spouse or domestic partner (DP) for benefit coverage.
☐ This form documents my marriage/domestic partnership, but do not add my spouse/domestic partner for coverage at this time.
☐ My spouse or DP is also a King County employee.

► **Check one of the following boxes and provide date**

☐ I (employee) certify my spouse (named below) and I legally married (date) _____.

☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:

- Share the same regular and permanent residence
- Have a close personal relationship
- Are jointly responsible for *basic living expenses**
- Are not married to anyone
- Are both 18 years of age or older
- Are not related by blood closer than would bar marriage in the State of Washington
- Were mentally competent to consent to contract when our domestic partnership began, and
- Are each other's sole domestic partners and are responsible for each other's common welfare.

* *Basic living expenses means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.*

► **Authorization**

I understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit.

I agree to notify Benefits Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 60 days of such change by filing a Delete Family Member Form.

I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law.

We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law.

We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership.

We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee Signature _____ **Date Signed** _____

Social Security No _____

Spouse/DP Signature _____ **Date Signed** _____

Spouse/DP Printed Name _____